

# City of Riverside

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## Plan Information

<b>Plan Name:</b>	<b>City of Riverside Flexible Benefit Plan</b>
<b>Account Types:</b>	1. Health Care Reimbursement Account 2. Dependent Care Reimbursement Account
<b>Plan Year:</b>	Twelve month period beginning January 1 and ending December 31
<b>Annual Submission Deadline:</b>	<b><u>Health Care Reimbursement Account:</u></b> 90 days after the plan year ends <b><u>Dependent Care Reimbursement Account:</u></b> 90 days after the plan year ends
<b>Annual Benefit Limits:</b>	<b><u>Health Care Reimbursement Account</u></b> \$3,000 per year <b><u>Dependent Care Reimbursement Account</u></b> \$5,000 (or \$2,500 if married filing separately) per year

## Administration Information

<b>Submit Claims to:</b>	<b>FAX:</b> 866-233-4741 or 760-233-4741 <b>Mail:</b> TRI-AD Flex Department 221 W. Crest Street, Suite 300 Escondido, CA 92025 <b>E-Mail:</b> FLEXmail@TRI-AD.com
<b>Processing Time:</b>	Four (4) business days from claim submission
<b>Distribution Dates:</b>	Daily
<b>Distribution Options:</b>	Check or by Direct Deposit
<b>Debit Card:</b>	Yes, for both Health Care and Dependent Care participants
<b><u>Contact Information</u></b>	TRI-AD Flex Department Phone: 888-844-1372 Option 2 Web site: <a href="http://www.tri-ad.com">www.tri-ad.com</a>

**For more information about how each option works, please refer to the Summary Plan Description or the Flexible Spending Accounts Brochure.**